Announcing the 2019 Delaware State Employees' Charitable Campaign

I would like to thank all State pensioners for your continued support of the State Employees' Charitable Campaign (SECC). Your generosity helped the State raise more than \$287,000 in 2018. Because of your compassion and generosity, many of Delaware's most vulnerable have been assisted by programs ranging from early childcare and education to quality and affordable healthcare.

As we officially kick off the 2019 SECC, I once again ask that you support our efforts to improve the lives of Delawareans. If you are able to contribute this year, please complete and return the pledge form below. A list of participating charities is printed on the back of this form. You can also find a full listing of the charities with descriptions of the important work they do on our website at http://secc.delaware.gov.

Thank you again for supporting Delawareans in need.

Saundra Ross Johnson State Employees' Charitable Campaign Chairperson Secretary, Department of Human Resources

Please return this pledge form by October 31, 2019 to:

State Employees' Charitable Campaign c/o Bridget Wallace, State Coordinator, DHR 122 Martin Luther King Jr. Blvd. Dover DE, 19901

-or

(For Payroll Deductions ONLY, fax form to: (302) 677-7094, ATTN: Bridget Wallace)

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Making a diffi	erence for	Delaware

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First Name		
	M.I.	Employee ID Number
City, State & Zip	Code	Phone Number
E TYPE	CHARITY I	DESIGNATIONS
PAYROLL DEDUCTION	FIVE DIGIT CHARITY CODE	ANNUAL AMOUNT AND CHARITY NAME
Amount (Per Pay) Pay Periods X 12 Annual \$		\$
	Payroll DEDUCTION Amount (Per Pay) Pay Periods X 12 Annual Amount \$	Payroll Deduction Five Digit Charity Code Amount (Per Pay) Pay Periods X 12 Annual \$

DESIGNATED GIFTS: To designate one or more charities that appear on the list provided, fill in the charity ID #(s) and contribution amount.

**SECC organizations do not provide goods or services in whole or in partial consideration for any contribution made to the organization via this pledge form.

DONOR ACKNOV	VLEDGMENT AUTHORIZ	ATION
☐ I DO NOT want my name, ad	dress or e-mail address rele	eased to charities.
☐ Release my name, address an ADDRESS: (My name will n _Street:		E
City:	State:	Zip:
E-MAIL ADDRESS:		

AUTHORIZATION: I hereby authorize the State of Delaware Pension Office to deduct the amount(s) shown above from my pay each pay period during the calendar year 2020 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the State Employees' Charitable Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

Signature ______Date __

Designations to charities not listed on the back of this pledge form will be considered <u>undesignated</u>. Undesignated proceeds will be divided among all approved charities that have received funds during the campaign.